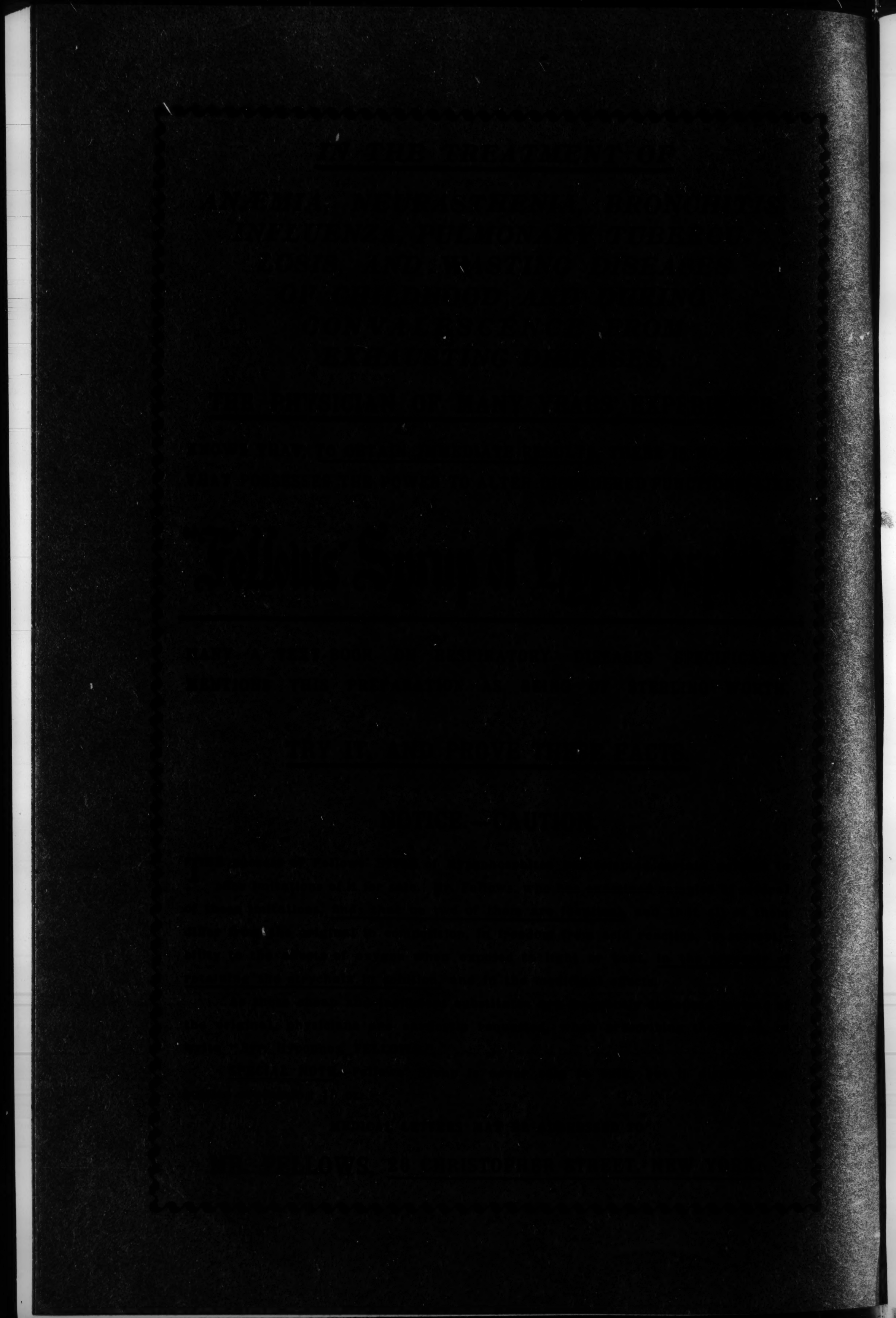


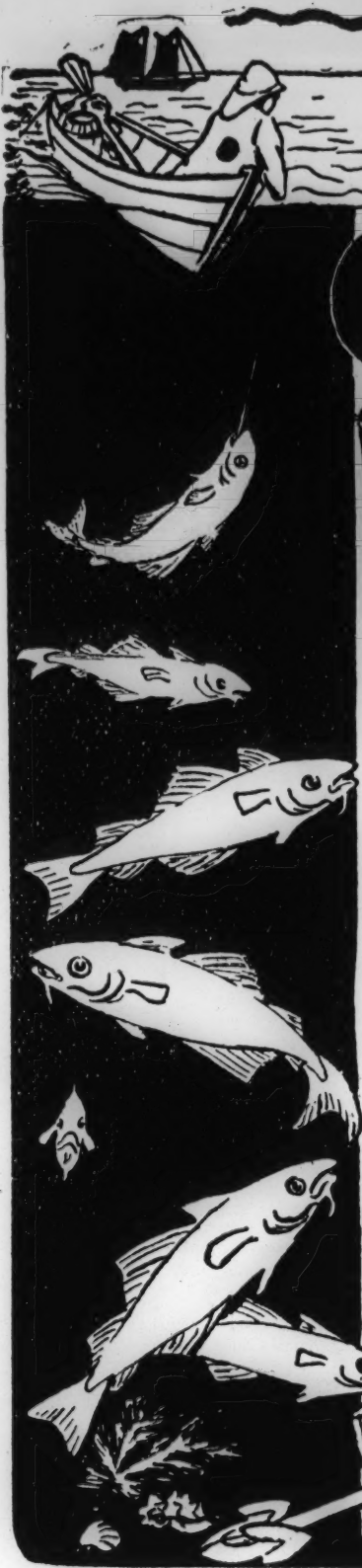
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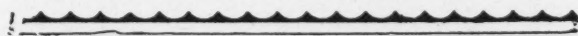
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CALIFORNIA MEDICAL JOURNAL.

VOL. XXVI.

JULY, 1905.

No. 7.

President's Address,

BY W. A. HARVEY, M. D.

"Read before the 32nd Annual Session of the Eclectic Medical Society of California, May 23, 1905."

FELLOWS OF THE ECLECTIC MEDICAL
SOCIETY OF THE STATE OF CALIFORNIA.

I heartily welcome you to this, the 32nd Annual Meeting of our Society; I hope each and every member will attend all sessions and other pre-arranged meetings, promptly, and take part in all discussions. If you are absent from any session something of interest to you is likely to pass without your having received the benefit which should be yours. This is *your* society, and *yours* is the *credit* for the success of its meetings.

Let us pause in serious reflection, of those from our ranks who have been called from their labors, to the refreshment of eternal rest during the year just ending, that our hearts may be filled with love, fellowship and charity for those with whom we are to labor in the future.

Let me encourage you to strive to maintain that harmony of action that

has always existed in this Society. Selfishness and prejudice should be assiduously combated here, as in our private lives, for they are not in accord with harmony nor human happiness and progress.

Harmonious efforts in the noble and spiritually inspired work of advancing our profession along the lines of *certainty* in preventive, as well as curative medicine to the end that the great family of man is preserved in a healthy image of his Maker until the purpose for which he was created has been accomplished, is certainly a heavenly mission and is sure to bring those conscientiously so engaged nearer their God.

LIBERAL MEDICINE.

Liberal medical schools have accomplished much for which they may justly congratulate themselves, and to justify their existence, in that, they have proven that there is an exactness in

medicine, viz., that certain *specific conditions* are always relieved by a certain specific remedy; in other words, that remedies administered under exactly the same conditions produce exactly the same results at all times. And, *again*, in the liberality and broad mindedness which is growing in the medical profession at large, as is exhibited by the fact that that great body of scientific men known as "The American Medical Association" has opened the doors of all their medical societies to reputable physicians of all schools, without a sacrifice of their identity.

SPECIFIC MEDICATION.

Let me urge upon you the value of close application to the principles of specific medication—be studious and critically observing in prescribing and you will be astonished and gratified at the results you have obtained and your patient will realize that he is under the care of a scientific man.

Those who grow weak in their faith, and, as the ecclesiastical individual might term you, backsliders, if you will observe more closely will find that in your hurried conception of a condition you have prescribed sodii sulphis and were disappointed,—look again and long at that tongue and you observe that instead of being a "pasty" white coat on a broad pale tongue, there is a dirty white coat on a broad red tongue, in which case sulphurous acid is a positive remedy. If you pay close attention to detail and really see what your eyes rest upon, you will surely revive and advance more rapidly and with firmer tread than before.

ADVANCE IN MEDICAL SCIENCES.

The advance in medical sciences due to the noble self-sacrificing and devoted disciples of Aesculapius is apparent all around us.

Since May 3, 1830, when it was resolved to establish a college to teach reformed medicine which afterwards became the Eclectic Medical Institute, Cincinnati, Ohio, in 1845, we have seen the passing of venesection for fever, the abandonment of the old 10 and 10 (calomel and jalap) as introductory to other treatment in all cases; on the other hand medicines are administered on the principle of giving as little as will suffice. Laboratories have been established wherein chemistry, the microscope and electricity have been developed as an everlasting tribute to those assisting in producing such results as afford us the *exact* knowledge, as obtained by the Fluoroglucin test for HCl; the impurities found in foods and beverages detected by our numerous industrial chemists; the standardizing of our medicinal preparations, the discovery and production of antitoxins, the facts revealed by the blood counts, and the development of the different electrical rays. The untold good that has resulted to mankind from the above should be sufficient reward and stimulus to cause us to be unceasing in our labor to still further add to what has already been accomplished by giving of time and money to enlarge and equip the laboratories and encourage those who are devoting their lives to such research work.

MEDICAL EDUCATION.

It should be the aim of this society to put forth every effort to raise the standard of medical education. It is the opinion of your officer that you should assist the colleges in forming their curricula. We should in our individual capacity be critical, conscientious and frank in advising the young man who seeks our advice as to his probable fitness to enter upon the study of medicine. Good doctors are born, *not* made. If the applicant be ever so highly educated, but lacks that moral tone without which a medical education would make him dangerous to society, for the love of your profession advise him to not study medicine. Again, if he is lacking in natural adaptability, previous education and firmness of purpose, kindly inform him of his likelihood of failure. Already there are too many such failures both in and out of the colleges; those in the colleges should be warned and advised to go no further. Those who have failed in practice should abandon it for other lines in which success awaits them.

MEDICINE AND GOVERNMENT.

It will be conceded that good government depends largely upon individuals with clean, healthy bodies as well as morals. It therefore behooves the practitioner of the medical sciences to come forward and take an active interest in the *social* and *political* events occurring throughout the country, without becoming what is commonly known as a politician. Enter this field with high ideals, for the pure and scientific purpose of directing the public efforts, toward ad-

vancing science and protecting the life and health of the people, which in reality is the purpose to which every true physician devotes his life. Do not let the desire for political influence or personal greed swerve you from the pursuit of your lofty purpose—let the “position seek the man” who is scientifically qualified to fill it regardless of party or sect, as has been exemplified in our own city in the appointment of our Industrial Chemists who were recommended by the two great Universities, at Berkeley and Palo Alto for qualification and efficiency only.

Let me remind you that disease always follows the line of commerce, and that our new and more intimate relation with the Oriental countries is most sure to bring to us the dreaded diseases of those countries, therefore be alert and ever ready to assist in their prevention and cure; this should apply particularly to the profession on this coast.

VACATIONS.

The old saying that “all work and no play makes Jack a dull boy” is only too true. Let me urge you all to look to it that you do not become dull; take your vacations often, and, if possible, spend them in some of the many medical centers to be found in our own United States, and observe the methods of other workers; take up research along the lines that specially interest you; in that way you broaden your field of knowledge; keep abreast of the times and become rested from your daily routine—and, who knows, but what you may become a *real specialist*.

In closing, let me suggest that the

society appoint a committee with full power, if you choose, to draft and publish a revised constitution and by-laws, and that they consider carefully the qualification necessary to membership, with the idea of raising the standard.

It would seem a good move to adopt the plan of publishing the proceedings of this society annually, for distribution; such a course would show that we were not suffering from that Oriental disease known as "The Sleeping Sickness."

Again, I welcome you—the meeting is now in your hands.

TWO PECULIAR CASES.

BY J. F. FARRAR, M. D.

Once upon a time I was called to attend a case of obstetrics, and all passed off quietly, an eight pound boy being the result.

Ten years later, while quietly enjoying a little recreation, I received a message to come quickly as this same young gentleman had been shot in the head with a rifle. On arriving at the house I found the boy lying on the bed perfectly conscious, a little blood oozing from a wound in the forehead.

On examination, I found the ball, a 22 calibre, had penetrated the skull exactly in the center of the forehead. I summoned two other physicians and after consulting we decided to dress the wound externally and await results.

Day after day I watched carefully, giving nothing, doing nothing further than to have the patient removed to the

Receiving Hospital, where his case was watched by a number of surgeons.

But through it all he never for a single moment became unconscious, neither did he develop fever or any other unpleasant condition.

He demanded his meals on time, ate and slept as he always did, and in a few weeks resumed his place in school. This occurred four years ago and the boy to-day is in excellent health. He suffers no inconvenience from the bullet which is still lodged somewhere in the cranial cavity, nothing but the scar left to mark the ingress of the bullet. He was shot by another boy while playing war, the injured boy having an air gun while his opponent had a 22 calibre rifle, the two being about ten paces apart.

Case No. 2.—I was called upon to attend a multiparæ the mother of four children. In due time I delivered her of a twelve pound girl. I looked after the case carefully, delivering the placenta about twenty minutes after the child was born. In doing so I took special pains, as I always do, to see that everything had come away. Absolutely nothing had been left in uterus or vagina. I called around a number of times during the next ten days and there being nothing out of the ordinary I withdrew from the case.

A few days afterward, and when the child was two weeks old, I was hastily summoned to see her. Upon arriving I found a severe case of post-partum hemorrhage. It had been in progress some time, the aged would-be-nurse telling her that it was necessary for all that to come away.

I found the bed, all the clothing, and everything else saturated with blood, the woman cold and apparently lifeless, her eyes turned back in her head, and so far as I could see unable to speak or move.

I immediately tamponed the vagina with cloths wrung from hot vinegar which I was enabled to heat with boiling water at hand. After lowering the head, raising the foot of the bed and giving the proper remedies to arrest the hemorrhage, I had placed all around her bottles filled with hot water, then introduced strychnine and stimulants. Later on I began the use of large draughts of liquids.

It was amazing to see the amount of liquids she could absorb. In a few days I had the pleasure of seeing her make a hopeful recovery.

The query is, what caused the hemorrhage at that late date?

DISCUSSION.

Dr. Munk—In the first case it is not certain that the bullet entered the skull. On careful examination it seemed certain, but the condition seems to say it did not. In the second case, I should say, retained placenta. The doctor says that he is sure this was not so; but it is something that is very hard to tell, even on introduction of the hand.

Dr. Mitchell—How about the lochial discharge?

Dr. Fay—My experience in gunshot wounds has been that there is usually too much effort to remove the bullet. Such attempts frequently cause death, and the bullet is not always a source of trouble; it may become encysted. I

recall the case of an engineer who was shot in the neck, during a strike. He suffered no inconvenience, but to make sure went to the hospital. They examined him carefully even using the X-ray, and told him he was mistaken. He came to my office and I advised a radiograph which showed the bullet back of one of the cervical vertebræ.

The railroad surgeon advised leaving it alone unless it gave trouble. Some months afterward he received another injury in the neck, and began to experience pain in the region where the bullet was lodged. It was then removed. At the time there were signs of suppuration.

Dr. Bainbridge—I have a case at present, a young lady who was shot three times with a 38 calibre rifle. The first shot struck the cheek, the second the shoulder, and the third the seventh rib, ranging upward and inward. Traumatic pneumonia developed within 48 hours. Under careful treatment the pneumonia subsided and she is now practically well with the bullet still in the lung. She was shot May 1st.

Dr. Stetson—I made a fluoroscopic examination of a young man who was shot in the leg. He had been attended by Drs. Gere and Hunsaker. The bullet was embedded in the internal condyle and gave no trouble.

I also remember being present at a post-mortem held on a man who had died from typhoid. On examining the skull we found in the posterior part about the junction of the occipital and parietal bones an encysted bullet. There was an old scar; there was no evidence of inflammation of the brain.

Dr. Hunsaker—In the case referred to by Dr. Stetson, the injury happened fourteen years ago, and there has been no trouble.

Dr. Fay—In case number two, as to the cause of hemorrhage at so late a period, it seems to me there must have been an oozing polypus; or a blood vessel left in condition to ooze. A clot might have acted as a foreign body and caused hemorrhage. A clot often causes flooding.

Dr. Gere—Why should a clot cause bleeding? Foreign bodies cause contractions. Retained placenta does not make bleeding except when torn loose.

Dr. Mitchell—Have had placentas remain two or three weeks and then be expelled with scarcely any hemorrhage. It is possible for portions to remain adherent, may almost cleave to wall; a thin membrane remains, which may come off later, leaving mouths of vessels open, thus causing hemorrhage.

Dr. Munk—I have found uterus very freaky. Threatening symptoms may arise from very slight cause, and vice versa. I had one case where the woman felt badly but there was no great

disturbance, and a mass of retained placenta the size of a goose egg was expelled; there was no hemorrhage. In other cases a small button of placental mass may cause alarming hemorrhage. The unaccountable cases are due to the small mass.

Dr. Farrar, in closing—As to the bullet, the two boys were directly in front of one another and there is no doubt that the bullet entered. I called in Drs. Ellis and Gladding. They probed for the bullet following the path for some distance. They both wanted to operate at once but I advised leaving it alone.

Case two—I did hope I had shut off all talk about retained placenta. I was no amateur and am sure nothing was retained. I never place the hand in the uterus, but deliver the placenta by the Crede method, waiting about twenty minutes. After the placenta is delivered I have the attendant place her hand over the uterus keeping up compression, and I take the placenta to the light and examine carefully. I use compression about twenty minutes longer. In this case I am absolutely certain nothing was retained.

Bryonia in Measles.

DR. G. W. HARVEY, PITTVILLE, CAL.

A NUMBER of years ago I gave a little girl just coming down with measles some bryonia for her cough, and was considerably surprised to learn that the cough was not only quickly cured but that the measles were also entirely done away with. Had it not

been for the fact that all her brothers and sisters were just recovering from the measles I never should have given it a second thought, but the evidence in favor of the bryonia seemed to be so positive that I remembered the circumstance and have since that time

used it in many cases with splendid results.

I went through an epidemic of measles this winter and am positive that bryonia is decidedly prophylactic to that disease. I tried it in about twenty cases as a prophylactic, and while it actually aborted the disease in but two cases it made it so easy with all the others that they hardly knew they had it, and among the twenty cases there were seven adults ranging in age from twenty to forty-five years. In every instance the cough was largely absent or at best only troublesome for a few days. The rash came out beautifully, there was but slight fever and no headache or sore throat, and the recovery was perfect. Such results at that time of year were certainly most satisfactory and speaks highly for the efficacy of bryonia in measles.

I used Lloyd's sp. bryonia gtt. v. alcohol, q. s. to saturate a two drachm vial of No. 6 sugar disks, and directed to take one from every three hours to three times a day, according to the stage of infection. Some began taking it two or three days after exposure, and with all who began so early not one went to bed for a single day. It is evident from this that the longer the system is under the influence of the bryonia after exposure the lighter will be the attack.

Another time I shall try some cases with a smaller dose and see if it will be even more positive in its prophylactic effects. Disease infection instead of being a microbe as is commonly believed and taught, is an electrical dynamogenic unit that emanates from

diseased individuals like heat or imperceptible transpirable moisture from the skin, and is capable, where it finds an individual susceptible, of so disarranging the normal functions of the trophic nerve centers that the same pathological condition will develop as soon as sufficient time has elapsed for its impress to be made manifest throughout the entire body.

Curative medicines act in a similar manner impressing their power of normal healthful action upon the trophic nerve centers until the force of the disease unit has been overcome or dissipated, and where the unit of force in the medicine is equal to the unit of infection it equalizes it at once and a complete prophylaxis is established in the individual.

I am persuaded, and have been for years, that there is not a single contagious disease in existence but that has its specific remedy, which, if given in the proper dose and at the proper time, will hold it in complete suppression and restore the system to a normal condition. If the millions of dollars that are spent yearly hunting microbes and developing animal antis were expended along physiological lines in testing the God given plant (natural) medicines it would not be many years before a medical millennium would dawn upon us.

If some liberal-minded man, like Andrew Carnegie, would endow a chair on this line in one of the big institutions in the United States for a ten year term, more positive and real good to humanity would come of it than from all the millions spent in all the

other lines of medical research put together. Antitoxins, vaccination and the whole train of filthy microbes, would vanish.

Vibratory Massage in Uterine Misplacements.

A. S. TUCHLER, M. D., SAN FRANCISCO, CAL.

THE satisfactory results obtained in the treatment of these perplexing cases by means of vibratory massage can best be illustrated by the following case:

In November, 1904, Mrs. C. S., age 40, complained of severe menstrual pains before each period, accompanied with headache and backache which compelled the lady to be in bed for three days; her condition was complicated with obstinate constipation and neurasthenia. This condition had existed ever since she could remember.

On examination, the uterus was found to be prolapsed, retroflexed, adherent to the left side and painful on bimanual manipulation; also a tightly contracted anal sphincter. The lady would not submit to a bimanual dilatation of the latter, so with the object in view of first relieving this condition and thereby obtaining a better movement of the bowels, I had an aluminum instrument made, four inches long and one-half inch in diameter with a conical tip, to the proximal end of which was firmly fitted a short shoulder $\frac{3}{4}$ inch long by $\frac{3}{16}$ inch in diameter, made of brass and nickel plated, and made to fit the handle of the vibrator.

First starting the vibrator, this was then inserted into the rectum so that the

sphincter grasped the proximal end of the vibratoid. She received daily treatments of three minutes each of eleven pounds air pressure from a compressed air apparatus. The result was astonishing, for after a few daily treatments no further trouble was experienced from this source. I wish to state that for a contracted sphincter this is the best and most satisfactory treatment, obviating the painful stretching of that muscle. As her nervous system seemed to improve, this treatment was continued on alternate days, for one month, when she said that her uterus did not seem to be so much prolapsed as before the treatment began. On examination it was discovered that the malposition with its accompanying adhesion was perfectly cured. All that now remained was to dilate the internal os uteri with galvanism, using for that purpose Goelet's dilating electrodes with the negative current in the uterus and with perfect relief from pain at the subsequent menstrual periods.

We have followed this method of treatment in ten consecutive cases of malposition of the uterus and which may or may not have been complicated with adhesions, with satisfactory results to those subjected to this method of treatment.

In those cases which are not complicated with constipation and where the rectal sphincter does not require to be acted upon, the aluminum portion of the vibratoid need only be two

inches instead of four as previously mentioned, but with a thin neck two inches long, so that the thick portion of the instrument will not be within the grasp of the sphincter muscle.

Massage and Exercise Contrasted.

BY MAX J. WALTER.

NOTHING can be gained by a confusion of terms, and much less by sheer ignorance, or by willful indifference to distinctions which, exactly considered, constitute a decided difference in the practical results of any scientific attempt, or in the working out of any physiological law.

It is less a fashion of to-day than it was an old fashion, at once haughty and supercilious, to dismiss the subject of massage as a mere substitute for exercise, chiefly acting upon the mind of the patient. If, according to this reasoning, a person were deprived of air, a substitute therefor, if such were possible, would not be worthy of notice or consideration. Let us be more rational and give to exercise its proper hygienic, and to massage its proper physiological values.

The facts are simple. Normal and appropriate exercise favorably influences both mind and body. It acts and reacts both upon nerves and muscles, and when daily and freely maintained, without fatigue, it tends ever to the equalization of the circulation and the encouragement of healthful nutrition. Here is a practical utility tending to

perpetuate the natural functions of the human body.

But what comes to pass when these natural functions lag? When, for cause, they are reduced to a state of suspension, or morbid action amounting to downright abeyance? What of these morbid states where exercise cannot longer act as a hygienic law, and where for the lack of its normal physical results, the patient finds himself on the downward path to dissolution?

Here, now, where active exercise is no longer operative massage comes forward and offers to do its work. Name it, if you please, a mere substitute, and we are more the less content; for what greater amount of praise can be bestowed upon any therapeutical agent than that it is capable of filling the place and doing the work of a regular law of nature?

Indeed, a moment's observation will discover that massage is a natural function in itself, and throughout life is an essential and inseparable factor in the maintenance of the physical structures. In the active, living machinery of animal bodies, the muscular activity is constantly manifested in a sort of mas-

sage, a never ending exchange of intermittent pressure, compression, and relaxation.

Then, again, take the diaphragm; its incessant ascent and descent in the act of respiration is nothing more or less than a continual massage, a ceaseless exhibition of passive motion, influencing the organs, both above and below it, especially the organs of the abdominal and pelvic cavities.

Both here, too, the effects of this involuntary massage of nature, absolutely necessary to life, may be interrupted and morbid conditions forced. Through tight lacing, or other abuses, these passive motions may lose their normal vigor and in the utter absence of both exercise without any massage within, constipation may promptly intervene, the appetite grows feeble, and the digestion seriously impaired.

Indeed, the study of the differences and similarities existing between exercise and massage offers a fertile field of investigation to the modern physiologist. Not even are their effects exactly alike, generally speaking, unless massage be specifically administered. Voluntary exercise means a simultaneous activity conveyed alike to the muscular and nervous systems. There is no such thing as the active exercise of the muscles without a corresponding exercise to the nerves.

But what now of cases where the brain is overtaxed, almost bordering on collapse, the reserve of nervous energy used up and gone, as a common result of our strenuous lives of to-day? Active exercise in this condition would only increase the nerve exhaustion and

is, therefore, simply contra-indicated. However, it is right here that massage becomes such "substitute" as to save the day entirely. It is more necessary than ordinary that some outside or mechanical stimulus be brought to bear upon the nutritive functions. Moreover, this must result without waste to the patient in any way, and all fatigue, as for example, from exercise, is a sure indication that waste is greater than repair.

Professor Maggiora's experiments at the University of Turin, have been confirmed in the constant practice of to day as showing that there is no form of weakness, physical or mental, whether from over-exertion, hunger, loss of sleep, or wasting diseases, neurasthenic and anemic conditions, but what is amenable to massage, all active exercise being entirely out of the question.

Sterling and Kronekers' recent experiments have especially dealt with muscles in fatigue, and have shown that muscles in this state can be tetanized far more easily than when rested and fresh. For example, give a fresh muscle even six irritations per second and it will be noticed to pass from its intermittent contraction into tetanic contraction. If fatigued, fewer irritations are needed. If the muscle be allowed to recover by a short rest alone, upon renewed irritation, it will quickly pass into the tetanic state. But allow the muscle to be masséed during the same period of rest, and not only is its mobility restored, but its contracting power is often increased one hundred fold. Intelligent practitioners have hereupon observed that massage scien-

tifically administered may act as a perfect perfusion, not only removing from fatigued muscles all asphyxiated juices and toxics, but by its thorough influence upon the circulation, bringing to them much-needed nourishment.

Notice should be taken of this point of contrast between the effects of exercise and massage. States of muscular fatigue and exhaustion, which active exercise would only accentuate, are at once relieved by massage, which, while encouraging on the one hand an accelerated absorption of waste products, stimulates upon the other, that sluggish peripheral circulation upon which fatigue and exhaustion to so large an extent depend.

Zabludowski's experiments, in connection herewith, should not be overlooked. Some of these experiments were with muscles too much fatigued to be actively exercised at all. When properly massaged they soon recover their lost vigor, while the same period of time spent in rest without massage discovered no perceptible effect whatever. In some of the experiments a rest of a quarter-hour after severe exercise brought no recovery that was essential, but when the same period was consumed by massage the capacity for exercise was more than doubled. In one illustrative experiment, a man, with forearm resting horizontally upon a table, lifted a weight of one kilo (2.2 pounds) eight hundred and forty times, when stopped by utter exhaustion. But, after ten minutes of massage, the same weight was lifted over eleven hundred times without fatigue. After a season of active exercise, or ordinary

labor, there is a striking difference in muscular sensations, before and after the administration of massage. A sense of stiffness, or soreness, following a rest after hard labor, is exchanged, when massage is given for pliancy, suppleness, and exhilaration. All such experiments showing the restorative effects of massage upon exhausted muscles are confirmed in the daily practice of systematic operators.

Zabludowski's experiments on the normal muscles of healthy persons are also interesting. The massage was administered for ten days on three persons, careful observations being taken before and after. The weight of the thin subject was increased; that of the corpulent subject was decreased. The muscular strength of all was materially increased. There was a diminution of urates and increase of sulphates in the urine. The accentuated peristaltic action occasioned regular evacuations of the bowels in all. There was throughout increased ease of the bodily movements, sleep was rendered soft, gentle, and steady. All enjoyed an improved frame of mind, and a decided elevation of the general functions of life. The results were the product of passive movements without any assistance from active exercise.

In order to effect like results with systematic massage in a like period of time, it is imperative that exercise be sufficiently vigorous as to force the blood directly through the muscles. Dr. S. Weir Mitchell, and others, have pointed out that muscles when not sufficiently active will decrease in size and strength for the reason that the circu-

lation goes around them, rather than through them. The voluntary muscles should weigh about one-half of the entire weight of the normal body and receive about one-fourth of its total quantity of blood. But it is declared that only the healthiest are thus plentifully supplied, and "their vessels," says a physiologist, may, with propriety, be considered as the derivative channels for the relief of hyperemic conditions of the internal organs. Hence the importance of a therapeutic agent, promptly competent to overcome the evils of inactive circulation, not only attracting blood to the muscles, but aiding, also, in its return. This can be more positively accomplished by massage than by any other measure in the same space of time.

Another important point of contrast is this: Exercise quickens the heart's action, and after a certain time diminishes the blood-pressure. But massage, while also diminishing the blood-pressure, does not accelerate the activity of

the heart. Of course, the effect of exercise upon the blood-pressure depends upon its severity. When severe, the rise is maintained; when not, there is a fall. In all forms of exercise the venous pressure remains, even during the subsequent arterial fall, the return to normal occurring more or less rapidly, according to the character of the exercise.

It is much to say, that under systematic massage the cardiac action is generally lessened. We know that each and every systole of the left ventricle is called upon to overcome the obstacles both of gravity and the natural friction of the blood against the walls of its vessels as it moves backward to the heart. By and through massage these hinderances may be entirely overcome, partly by influencing the vasomotor nerves and peripheral ends of the circulation, and partly by its stimulation of the involuntary muscular fibers of the blood vessels themselves.—*Journal of Advanced Therapeutics.*

Diabetic Retinitis.

T. M. NAIR, M. D. (EDIN.)

IN this country where diabetes is so very common among the better class of Indians every fact connected with its clinical history, complications, pathology and treatment is certain to be interesting to those medical men who are called upon almost every day to deal with the disease in some form or other. The general body of the medical profession in this country is familiar with

carbuncle, and diabetic coma, and even with diabetic cataract. But with regard to diabetic retinitis I am afraid that Professor Saundby's remark that the ordinary medical man "is almost only aware that such a condition exists" is only too true. Diabetic retinitis is comparatively rare, and this fact may, to a certain extent, account for the scanty treatment it receives in

text books. The frequent association of diabetic retinitis with opacities of the vitreous has led to its being mistaken for diabetic cataract by careless medical men who are not over familiar with the use of ophthalmoscope. Last year I saw such a case which had been diagnosed as cataract by a medical man but which turned out to be a case of retinitis hæmorrhagica diabetica with vitreous opacity. It was not very long ago that in Europe even eminent specialists regarded diabetic retinitis as a form of albuminuric retinitis. The ophthalmoscopic appearances of the two conditions are almost similar, and in a certain proportion of cases of diabetic retinitis there is albumen present in the urine as well as sugar. But there are a large number of cases where no albumen is present in the urine, and closer study has brought out distinct dissimilarities in the ophthalmoscopic appearances of the two diseases.

Most authorities agree in the opinion that diabetic retinitis "is invariably met with in elderly persons." From my experience of the disease in India I would slightly modify that statement. I should say that it is only met with in persons who have suffered from diabetes for a fairly long time. In Madras, where it is not uncommon to find comparatively young men suffering from diabetes mellitus, occurrence of diabetic retinitis in the middle aged is also sometimes noticed. The youngest patient in whom I observed diabetic retinitis was 40 years old, and he gave me a history of having suffered from diabetes for a period of 17 years—from his 23rd year. But whether occurring in the

elderly or middle aged persons the fact that it is a rare disease is undoubted. This rarity may be due to the fact that most diabetic patients do not live long enough to develop retinitis. It is generally believed that the disease affects both eyes. This bilateral occurrence is not so general as it is commonly supposed. Last year I saw two cases of undoubted diabetic retinitis, in both cases only one eye being affected. One of the patients has since died but the other is alive and still the affection is confined to his one eye.

Symptoms. The symptoms of the disease are not many. The main symptom is failure of vision, which may be more or less sudden. The degree of blindness may also vary considerably. Some patients only complain of a mist before their eyes, others observe dark spots, while yet certain others experience total blindness. One of my patients—a very intelligent and well educated gentleman—told me that his eye complaint commenced with blindness in one-half of his one eye. He described the symptoms so well and answered my questions so intelligently that there was no difficulty in coming to the conclusion that his attack commenced in the form of a unilateral nasal hemianopsia. The hemianopsia gradually became worse until a fortnight before he consulted me the entire vision in that eye had gone. On ophthalmoscopic examination it was found to be a typical case of hæmorrhagic diabetic retinitis. The case is interesting, as I have not seen hemianopsia mentioned anywhere in connection with diabetic retinitis. Did the unilateral nasal hemianopsia indi-

cate the presence of a hæmorrhagic lesion at the lateral extremity of the optic chiasma interfering with the direct fibers of the optic nerve and tract which corresponded with the temporal half of that retina? The development of such an inquiry is far too elaborate for the modest limits of the present article.

Ophthalmoscopic appearances. Hirschberg's classification of diabetic retinitis into two classes, namely of (1) retinitis centralis punctata diabetica, and (2) retinitis hæmorrhagica diabetica, are described in detail in Professor Saundby's work on diabetes mellitus.

According to Professor Saundby in retinitis centralis punctata diabetica, the media of the eye are usually clear. Serious cloudiness of the vitreous does not occur in this disorder. "The chief causes of the visual disturbance are groups of small, clear, bright specks situated in the structures of the retina in and around the central part, between the upper and lower divisions of the temporal branches of the retinal artery, also near the disc and on its nasal side." In this class of cases hæmorrhages never exceed a certain size. There is no affection of the optic nerve, and neither diffuse retinitis nor marked vascular change.

In the second class of cases—namely of the hæmorrhagic variety of retinitis, hæmorrhages constitute the essential part of the process as observed with the ophthalmoscope. The white patches which are usually seen in such cases and which form such a striking part of the ophthalmoscopic appearance, are the results of inflammatory and degenerative changes in the damaged tissues

and in the effused blood. These patches are very much like the patches observed in albuminuric retinitis. The difference between the two, according to Sir William Gowers, is that the patches of glycosuric retinitis differ from those of the albuminuric variety "in shape, having less tendency to assume a circular form; in color, having a more dingy shade of white; and in grouping, the stellate arrangement at the macula being rare, although there is a tendency for spots of a rounded or irregular form to occur in this area."

Opacities of the vitreous, as I have already stated, are more frequently associated with glycosuric retinitis than with the albuminuric variety. These opacities are the result of the escape of blood into the vitreous from the retinal hæmorrhages. Sir William Gowers states that occasionally hæmorrhagic glaucoma results from these processes, while Nettleship describes a process of vascularisation of the vitreous by the shooting of capillary loops from the choroid penetrating the retina and into the vitreous. This vascularisation of the vitreous and the bead-like dilatations on the veins near the disc, easily visible to Mr. Nettleship and Sir William Gowers, may not be quite so obvious to less distinguished and less experienced medical men. But the irregularly shaped dingy white patches ought to be easily made out by any one who can use an ophthalmoscope. These, together with the vitreous opacities which are very often present, and simple atrophy of the optic nerve, which is sometimes present, ought to make the diagnosis of the condition fairly certain.

Any uncertainty that may still be left will be cleared by an examination of the urine. Prognosis is always bad in these cases. But it is as well to bear in mind that the temporary improvements of the condition are sometimes possible under suitable dietetic and other treatments. But relapses are always certain and there is only one possible termination for such cases and that is a disastrous one to the patient. It is in cases of diabetic retinitis and diabetic cataracts that the *Vyadians* and the *Hakeems* find their best fields for advertisement. For as I have already said glycosuric retinitis is capable of *temporary* improvement and diabetic cataract may sometimes disappear without any operative treatment. And this temporary improvement under ayurvedic or unani treatment after you have given an unfavorable prognosis of the case may be thrown in your face and you may be compelled to listen to an address on the worthlessness of the European system of medicine. But, if I may slightly modify the words of a homely rhyme, "leave them alone, they will come home and bring their eyes before them."

After making the statement that the prognosis is hopeless it is useless to dilate at any length on the treatment. I can only say that local treatment of any kind to the eyes is worse than useless. It may do more harm than good. The only treatment that is advisable is general dietetic and other measures which are called for to combat diabetes. —*The Antiseptic.*

Pain about the shoulders, in children, is a frequent sign of beginning caries of the cervical vertebræ.—*Surgical Hints.*

Sterilization of the Surgeon's Hands.

Since the initiation of the antiseptic era a vast amount of experimental work has been devoted to this subject and the literature has become exceedingly voluminous. A large number of methods has been brought forward from time to time for the sterilization of the hands of the surgeon and the field of operation, but none of them can be regarded as perfect, for the simple reason that it is practically impossible to sterilize the skin, and the most that can be hoped for is to approximate to that end as completely as possible.

To remove micro-organisms on the surface nothing will surpass soap and the handbrush when thoroughly employed, but this must be followed by the use of some antiseptic agent to destroy the deeper-seated germs. A large number of antiseptics has been suggested for this purpose, among which may be mentioned carbolic acid, bichloride of mercury, permanganate of potassium, chlorine, iodine, the various cresol preparations, formalin, and absolute alcohol. Among these, however, bichloride of mercury and alcohol still enjoy the greatest favor. From experiments, such as have been made by Harrington and others, in which, after disinfection of the hands with bichloride, scrapings of the skin have been placed upon culture media and have failed to show any bacterial growth, the conclusion might be drawn that it is the most powerful of germicides, but this is only apparently so. It has, indeed, been shown by Kroenig among others that if these scrapings are directly

introduced into the body an abundant growth of micro-organisms takes place, so that the test-tube experiments cannot be considered at all convincing. The bichloride coagulates albuminous material, and has not much penetrating power, and this same disadvantage is shared by alcohol. While they are excellent antiseptics in the test-tube, they are much less active when brought in contact with the living tissues. Moreover, both of these agents leave the hands rough and fissured, and thereby predispose to their becoming infected during the course of an operation.

Several years ago a preparation of mercury was introduced, which is chemically a combination of mercury sulphate with ethylenediamine and is known as sublamine. No less an authority than Professor Fürbringer, the originator of the best known method of hand disinfection, has substituted sublamine for the sublimate in his procedure, and this is sufficient evidence of its superiority. Sublamine has the penetrative power which is lacking in bichloride, and is therefore more powerfully germicidal, while on the other hand, this special combination of mercury is less toxic, does not irritate the skin, and is freely soluble in water. Under the use of sublamine, disinfection of the hands, moreover, becomes a very simple matter. After the preliminary use of the brush and water, all that is required is to treat them for five minutes with the brush and a warm sublamine solution (one tablet dissolved in a quart of water), with or without subsequent washing in alcohol.

It has been repeatedly urged by sur-

geons that the employment of rubber gloves, as is so frequently done in operative work, should not in any way lead to laxness in the disinfection of the hands, for at best they are only to be regarded as a valuable adjunct. If hands covered with rubber gloves are not thoroughly disinfected incalculable harm may result if the latter should be punctured during an operation, but when used in combination with a simple method of disinfection as outlined above, we approximate as completely as possible at the present day to perfect sterilization.—*International Journal of Surgery.*

Surgical Hints.

One may look for pus with an aspirating needle, but it should never be used to remove pus. The wide open door is the only policy to adopt.

The bladder should always be emptied before tapping the abdomen for ascites. Neglect of this, particularly in old men with prostatic trouble and carrying residual urine, may result in perforation of the bladder.

Silk and silkworm gut, when properly sterilized, are usually inoffensive when buried in the tissues. Yet they sometimes give rise to trouble, and it is bad practice to leave buried sutures of these materials whenever absorbable ligatures might have been used instead.

For padding of the axilla or mammae in dressings that are not frequently renewed, gauze is preferable to absorbent cotton, for the latter "packs" and becomes matted with an acrid secretion, thus producing the very irritation of the skin it is intended to prevent.

NORMAL TINCTURES

THEIR EVOLUTION AND MANUFACTURE

In 1870 the late William S. Merrell, A. M., M. D., gave to Professor John M. Scudder the pharmaceutical data contained in his book called *Specific Medication*. At that time the fluid medicines of the Eclectic school were known as *Essential Tinctures*—preparations which were certainly in advance of the times. Gradually, from this beginning, the ethical and scientifically correct *Normal Tinctures* were developed. (In designating these preparations *Normal Tinctures* we followed the nomenclature expressed in the work called "*Digest of Materia Medica and Pharmacy*," by Albert Merrell, M. D., formerly Professor of *Materia Medica and Pharmacy* in the American Medical College of St. Louis, Mo. This book was officially adopted by the National Eclectic Medical Association, June 17, 1885.)

The *unit of strength* is termed "Normal," the letter "N" being used for its abbreviation. A tincture which represents the drug from which it is made, *minim* for *grain*, would thus be a "normal" tincture, and its strength expressed by the symbol $\frac{N}{1}$. A tincture one-half the strength of the drug from which it is made, i. e., *two minims* of the tincture equaling one grain of the crude drug would be expressed by the symbol $\frac{N}{2}$, and so through the list. The simplicity and exactness of this method is at once apparent.

Upon each label is expressed the relation which the finished *Normal Tincture* bears to the crude drug from which it is obtained. PURITY, CLEANLINESS and EFFICIENCY are their leading characteristics. A trial in practice will convince any observant medical man that they stand pre-eminent in all those qualities so essential to the success of the physician. The labels are especially designed to aid physicians in prescribing according to specific indications. The dose, frequency of administration and direct indications are upon each bottle. However, the dose of a remedy, within certain limits, and the frequency of its administration are often questions which the physicians must decide according to his judgment and experience.

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Editorials.

Five to Two.

The Dental Board of Examiners are having a Kilkenny time. Charges and counter charges are openly made. Examination questions given out in advance to favorites, or for a consideration, is a part of the burden of the unharmonious song.

The Pharmacy Board had their time. It appears that no seven honest men could be found in Sodom and Gomorrah, neither can the Governor of this State, find seven honest men to administer the Dental or Pharmacy law. Is it five honest men and two dishonest, or two honest immaculate members and five not like *Cæsar's* wife. The row is a pretty one at a distance, and that pure Statesman of Suisun who never—no never—took a rebate from a railroad, in the absence of the Governor has appointed a commission of investigation to inquire into the brawl.

In the meantime those who have put in their full term in college and paid their hard coin have to suffer under suspicion that they passed their examination for license to practice their chosen profession by unfair means.

Examining Boards are a humbug. What right has anyone to suppose that a Board of Examiners appointed by the Governor are more honest than the teaching body of the college.

Superintend the colleges and see that their work is properly performed. Surely a teaching body should be more competent to judge of the fitness of anyone to practice dentistry than one has obtained his the greater part of his experience with an Indian fakir.

Seven to Two.

That is the usual division of our Medical Board of Examiners. The solid seven. The two extremes in medicine uniting to destroy the con-

servative school. Playing both ends against the middle.

If there have not been any scandals in the Medical Board as in the Pharmacy and Dental branch it is not because scandals do not exist. It is rotten with favoritism, and never has held a legal meeting or carried out the spirit or letter of the law. Alternates have acted in place of principals. Examination questions have been offered, and examinations conducted by parties having no shadow of authority to act. Examinations made not to test the knowledge of the applicant to practice medicine and surgery but to show the obscure knowledge of the examiners. How long will an honorable profession endure a solid seven?

Progress.

Men of science are penetrating into the secrets of the hitherto unknowable. Discovering new worlds at one extreme and microscopic life at the other. Every field is being searched and wonderful revelations made.

If Atkins has not discovered what life is, he has thrown light on the actions of life which may lead to higher purposes and greater knowledge.

Loeb in his laboratory has been raising urchins in chemical solutions by fertilizing the already produced ova, but he has not been able to create an ovum.

But now comes Burk, who, with the aid of chemicals and radium, produces life. Creates a living form of bacteria. Who can say but in time to come, the

highest type of beings may not be produced from the chemical laboratory, and every chemist a creator.

Editorial Notes.

Dr. W. F. Gates of Oroville was in the city for a few days. The doctor expects to take in the Portland Fair.

Dr. S. L. Blake has returned from Weaverville and resumed his practice in the Donohoe Building.

Dr. H. B. Crocker of Healdsburg wants to rent his Sanatorium for a term of years. A good opportunity for the right man. Write the doctor.

Dr. B. J. Lasswell of Quincy, Plumas Co., writes us that there is an opportunity for two good Eclectics in his neighborhood. Write to the doctor, if you contemplate a change of locality.

Dr. G. W. Harvey of Pittville, Shasta Co., would also like to hear from an Eclectic who is desirous of a location.

We are in receipt of the announcement of the Eleventh Annual Meeting of the New England Eclectic Medical Association held at Montpelier, Vt., June 7th and 8th. The Association gets up a very attractive booklet, with sufficient advertising to make it profitable financially.

The Massachusetts Eclectic Medical Society held its Forty-fifth Annual Meeting June 1 and 2, at Boston. Their Announcement is handsomely illustrated with views of Boston and vicinity, and makes a very pleasant souvenir. The program presented was very interesting and closed with the annual dinner.

*Reviews and Extracts.***The Treatment in Typhoid Fever as Carried Out in Johns Hopkins Hospital.**

McCrae believes that typhoid fever can be much more satisfactorily treated at a hospital than in a patient's house. Not only as far as the patient is concerned, but because of the danger of spreading infection is much diminished. He describes the treatment carried out in Professor Osler's clinic in the Johns Hopkins Hospital as follows:

The diet is of milk and albumen water, of the former of which the patient receives four ounces diluted with two ounces of lime water every four hours; of the albumen water he receives the white of one or two eggs in four ounces of water flavored with lemon or orange juice, every alternate four hours. In patients with whom milk does not agree, some of the modifications, such as buttermilk or koumys flavored with vanilla, or some similar preparation may be employed. Their patients are allowed tea or coffee, or cocoa, as well as ice cream, at any stage of the fever. Bouillon and similar preparations are sometimes resorted to, but not often. The beef tea preparations and peptones are never used. A point of great importance in connection with the diet, is to see that the patient gets a sufficient amount of water. The rule is that every patient shall receive at least three quarts of fluid in twenty-four hours, while some of them take as much as twice this quantity.

The hydrotherapy is employed from the beginning. He does not believe

that the main object of the use of the cold bath is the reduction of the temperature, but on account of its effect on the nervous system and the stimulation to the circulation. The rule as to tubbing is that the patients are tubbed every three hours when the temperature is 102.5° or above. The water is from 70 to 85° and the bath lasts from fifteen to twenty minutes. It is advantageous to commence the bath with a higher temperature, after which the temperature of the water may be reduced as the patient becomes accustomed to the mode of treatment.

No purgative is employed during the febrile period, a state of constipation being considered desirable. If necessary the bowels are moved every second day with some simple enema, occasionally in conjunction with an injection of oil. If diarrhoea occurs the diet is reduced, the milk being cut off and the looseness of the bowels controlled with bismuth or lead and opium. For tympanites, turpentine, either externally or internally, is employed. Much attention is given to the condition of the mouth, the patient being made to cleanse the mouth after each feeding, either with a dilute solution of carbolic acid or a saturated solution of boric acid.

As for drugs none are used routinely. Alcohol is given for the extreme toxæmia and failing circulation and for weakness of the pulse, strychnia and digitalis are employed hypodermically. Intestinal antiseptics are never administered.

In the convalescent period, solid food, in the form of scraped beef or

sweet bread is allowed on the tenth day. The patient is allowed to sit up in bed the same day and allowed out of bed in a wheeled chair three or four days later.—*Therapeutic Review*.

Nasal Disease as a Cause for Headache.

A. L. Whitehead (*Brit. Med. Jour.* January 28th) completes an article upon this important subject by the following conclusions:

1. Nasal disease is undoubtedly the cause of headaches in a certain percentage of cases, although it is doubtful whether it is possible for headache to be produced by any nasal condition which does not give rise to discharge, or to obstruction to normal nasal respiration.

2. In all cases of persistent headache, a careful examination of the nose should be as much a routine practice as the examination of the urine, the teeth, and the eyes; since in some instances the nasal symptoms may be ignored by the patient, and a careful examination of the nose will be necessary to establish the diagnosis.

3. Suppuration in the accessory sinuses, and marked nasal obstruction, constant or intermittent, should be thoroughly treated.

4. Small spurs, deviations, and hypertrophies, not causing obstruction, should be left alone, as no relief will be given from the headaches by treatment of these.

5. If the middle turbinated bones are enlarged and pressing upon the septum, especially upon the tubercle,

and if all other possible causes of headache have been eliminated, partial removal of the hypertrophied bone should be advised, since in many such cases complete relief is given.—*Canadian Practitioner*.

The Treatment of Appendicitis.

Maragliano (*Gaz. d. Osped.*, March) pleads strongly for operation in every case of appendicitis, no matter what stage the disease is in. When one considers the large variety in type in cases of appendicitis, the possibility that even a mild case may suddenly change, within a few hours or less, and become alarming, he considers operation is the only logical treatment. Those cases which would have got better if left alone are none the worse for operation, and some of the cases which are lost from too late operation might be saved. He, of course, recognizes the fact that a very large number of cases of appendicitis get perfectly well under medical treatment, and that some of these may be successfully operated upon in the quiescent stage—that is, after the acute symptoms are passed. But, on the other hand, if one waits until the acute symptoms have subsided, there is no doubt some cases will never survive, and the chance of operation has gone for ever. Moreover, under his teaching no one need ever lament that surgical aid has been employed too late; on the other hand, he is perhaps too optimistic as to the practically harmless nature of the early surgical interference, he advocates. Further, he suggests that the control of the ques-

tion of the operation should be left entirely to the physician, who, on his part should obtain surgical assistance in every case of appendicitis as soon as it is diagnosed, and insist on immediate operation.—*Brit. Med. Journal*.

Rest as a Curative Agent.

The therapeutic value of rest in the medical management of acute inflammatory and infectious processes is not fully appreciated. Its effects on the circulation is significant. The average daily output of energy by the heart is 400,000 foot pounds; by simple rest in bed it is possible to save the heart a daily expenditure of 50,000 foot pounds of energy. The faster the heart beats the less time it has for rest—that is, the sum total of the periods of rest or diastole is much greater than when the pulse is say, 70 per minute than when it is 120 per minute; so that decreasing the pulse-rate saves the heart. Again, in the recumbent position this organ is saved the labor of elevating that part of the blood which goes to parts above its own level. Rest of the voluntary muscles is still more important. An immense amount of energy evolved in muscle movement is conserved by rest in bed. Muscle rest also secures rest for the neurones. The larger part of the nervous system is relieved of its work when the muscles are dormant. Decreasing the output of energy relieves the digestive, assimilative and eliminative organs of a corresponding amount of work.—*G. Wehrle, in Therapeutic Gazette*.

THE PRESCRIPTION.

ACUTE X-RAY BURNS.—Dr. Martin F. Engman (*Interstate Medical Journal*) has been called on to treat several X-ray burns. All of them have been of the second degree or milder, with one exception, a burn of the back, with small points of deeper ulceration. Infection and ulceration were not factors to combat in their treatment, the indications being to stop the intolerable itching, assist repair, and to keep the surface aseptic, for which the following dressing seems to be wonderfully successful:

R Boric acid, ʒ xij.
 Zinc oxide,
 Starch,
 Bismuth subnitrate,
 Olive oil, aa ʒ j.
 Lime water,
 Lanolin, aa ʒ iiij.
 Rose water, ʒ xij.

M. The powder should be well rubbed up in a mortar and the lanolin added. The olive oil and lime water are well mixed, then this mixture slowly added to the powder and lanolin constantly stirring. When this is thoroughly mixed the rose water is added and the whole beaten up in the mortar into a light creamy paste. If there is much pruritus, 1 per cent. or 2 per cent. of carbolic acid can be added to the whole.

In applying this creamy paste it should be spread on several thicknesses of absorbent gauze and laid over the surface, and a sheet of gutta percha tissue placed over it to prevent evaporation. The cream paste is very cooling on account of the greater percentage of water it contains, and acts almost as a lotion without the disagreeable effects.—*N. Y. and Phila. Med. Jour.*

Boiled Milk or Raw Milk?

(*Riv. di Clin. Pediatr.*)

A comparative study of boiled milk and of raw milk leads the author to prefer raw milk in every way as a nutrient in infants. He concludes that raw milk should be used without any fear whatever in all cases where the proper precautions in milking, in transportation, etc., can be taken. In other cases, and unfortunately these are in the majority as yet in Italy, boiled milk is safer. Sterilization is not favorable in itself, but we employ it in order to escape greater dangers. The use of raw milk in feeding infants is becoming the rule in America, and in some parts of Europe, and in this we are not reverting to old times, but are doing what we know is best for the infant's nutrition. The time will surely come when we shall have everywhere good pure milk which needs not be boiled, and when sterilization will be employed only in exceptional cases.—*Archives of Pediatrics*.

BRIEF CLINICAL REPORTS ON IMPOVERISHED BLOOD.

Probably the most frequent and important conditions which the average physician is called upon to treat, are of an impoverished blood supply. Blood impoverishment is a condition rather than a disease and may be met with in all walks of life and at any age. It is symptomatic as many diseases, and cases are observed where it seems to be the chief clinical symptom where no well defined organic disease can be observed but where many indefinite com-

plaints due to blood impoverishment are plainly in evidence. Whatever concomitant conditions exist with anemia and regardless of whatever special treatment may be demanded by plainly existing established organic trouble, it is, nevertheless, a fact, that the most complete and rapid cures are by restoring to the blood its normal elements. Consequently, the physician is justified in treating all cases of anemia with regard to the anemia itself, but, at the same time, not overlooking the care of the other pathological conditions which may exist.

A large hospital experience has given me ample opportunity to study these blood conditions and compare the action of the many therapeutic agents employed in the treatment of blood improvement. My efforts have been constantly directed toward finding the remedy which will have the most complete and rapid results in restoring the red blood corpuscles, thereby affording the surest and quickest relief from the weakness and general debility which always accompanies blood impoverishment.

In the beginning of my experiments I noted that those therapeutic elements containing a food product and a stimulating vehicle have shown the most satisfactory and prompt results while those purely of a drug basis seemed to have a limited usefulness. The conclusion reached by my experiments extending over several years, leads me to unhesitatingly endorse Bovinine as being the best tonic, stimulant and food.

DR. JOHN GRIGGS.

Farmington, Conn.

THE ANTISEPTIC TREATMENT OF
THE SUMMER DIARRHEAS
OF INFANTS.

Of the various agents that have been suggested for the disinfection of the intestinal tract, Acetozone is by far the most promising. It has been shown by Novy and Freer, of the University of Michigan, that Acetozone, even in weak solutions, destroys bacillus pyocyaneus, bacillus coli, bacillus typhosus, bacillus diphtheriae, vibrio cholerae, staphylococcus pyogenes aureus, and streptococcus pyogenes, in less than one minute. These writers say that "While the strong solution kills everything almost instantly, the weaker solution (1:3000) destroys the vegetating germs, as a rule, within one minute." At the same time solutions of 1 to 1000 strength are given internally without the least harmful effect. The good results accruing from the use of this remedy in the summer complaints of young children are early and unmistakable; the discoloration and putridity of the stools disappear; the diarrhea is checked; the temperature falls; pain and inflammation subside; the vomiting is controlled; and the condition of anguish and irritability is consequently greatly dispelled.

In dealing with this class of cases the following make up the round of treatment: (a) withdrawal of milk and the substitution of thin broths, albumen and cereal waters, or other liquid feedings; (b) immediate evacuation of the stomach and intestines by stomach washing and intestinal flushing with Acetozone solution (1:5000 or stronger); (c) the sustaining of the patient's vital-

ity; (d) administration of an internal antiseptic—Acetozone (1:3000 to 1:1000); (e) the observance of hygienic conditions. In giving the drug, the solution usually administered to adults (15 grains to the quart) should be diluted with one-half its quantity of water and flavored with lemon or orange juice. It should be given in teaspoonful doses at frequent intervals—every twenty or thirty minutes in the beginning, lengthening the intervals as the case progresses.

Colonic irrigation is a useful procedure in cholera infantum. Acetozone (1:5000) solution is unexcelled for this purpose. The same solution may be used for lavage, which is recommended by many leading authorities. In washing out the stomach the irrigating fluid invariably should be lukewarm and is best introduced prior to the feedings. Its continuance should be based on the character of the washings.

Acetozone is marketed in ounce, half-ounce, and quarter-ounce vials, and in boxes containing six vials of 15 grains each. An ounce is sufficient to make eight gallons of aqueous solution.

A FEW REMARKS ON THE TREATMENT OF
ERYSIPELAS.

Although much has been written about this condition, little of real value has been said. The time worn method of prescribing iron internally and topical applications of silver, lead and other antiseptics or astringent dressings has most often been found wanting and disappointing; the condition usually running its course of three to four weeks, frequently changing from a sim-

ply superficial inflammation to one of a phlegmanous form. In my early experience with erysipelas the pus formation was of very frequent occurrence, requiring incisions to evacuate the matter. Summing up now, after a large experience in treating many cases, I have adopted the following successful line of treatment, and in the majority of cases it has proven most satisfactory.

The bowels are first thoroughly acted upon with calomel, followed by a saline purge. For the fever, pain and headache, I give phenalgin and quinine and hourly doses of tincture of veratrum virid. As a tonic and food, I give Bovinine. Locally, the wound is kept constantly saturated with Bovinine pure, the dressings being completely changed three times in twenty-four hours. When I have employed this treatment at the outset, complications have rarely arisen and the course of the condition has been modified and materially shortened.

DR. E. E. ROWELL, JR.

Stamford, Conn.

In the wasting diseases, as well as in rickets, scrofula and marasmus it is of the greatest importance that a remedy be selected which will quickly check the pathological condition, and restore the organism to the normal without producing digestive or other functional disturbances. Cod liver oil has always stood first in the category of remedies calculated to bring about this desirable result, but unfortunately its peculiar odor and taste are features which are quite often objectionable to patients. Hagee's cord. ol., Morrhuæ comp. is an elegant preparation, containing all the

essential therapeutic properties of cod liver oil and combined with tissue building chemicals (Hypophosphites of Lime and Soda) and aromatics, which renders it agreeable to the palate.—*American Journal of Dermatology.*

WORDS OF APPRECIATION.

The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, the Antikamnia Chemical Company, and reads:

"GENTLEMEN—Illness, dating from the very day of my former letter must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish."

MARION T. DAVIS, M. D.,

(Univ. of Maryland School of Medicine.)
Atlanta, Ga., April 15, 1905.

WEEK'S WAIL OF WOE.

"Has your wife complained very long?" asked the doctor.

"Ever since we were married, replied Meekly, sadly.—*Ex.*

A REVIEW OF THE REPORT OF THE ANÆMIA
COMMISSION UPON HOOKWORM DISEASE
IN PORTO RICO.

The report of the Commission appointed by the United States Government, in February, 1904, for the Study and Treatment of Anæmia in Porto Rico, has been submitted to the governor of that Island. This report covers over 200 pages, and is printed both in the Spanish and in the English language.

The Commission was composed of experts in their special field, and the amount of work accomplished by these gentlemen, and the exceedingly painstaking manner in which they attended to every detail of the subject, stamps this inquiry as one of the most scientific and thorough investigation ever undertaken in the cause of public health.

As early as 1899, Dr. Baily K. Ashford, who later became a member of this Commission, discovered the parasite *ankylostoma* in the feces of anæmic patients who were then crowding the field hospitals of Ponce. This was the first positive evidence that the disease in Porto Rico known as anæmia, was not the ordinary form, but *ankylostomiasis* or *uncinariasis*, produced by the parasite sucking the blood, and so prevalent did this disease become during the ensuing years that fully ninety percent of the population became affected.

When the Commission appointed by the Government of the United States began its investigation in Porto Rico, it established a hospital consisting of tent-wards, first at Bayamon, and later

at Utuado, the most anæmic districts of the Island. The object of the treatment was first to remove the parasite and then to cure the anæmia.

To kill the parasite, thymol, malefern, and betanaphthol were given, but the preference was for thymol. First, the patient received a purge of salts, and then on the following day he was made to fast until one o'clock, and then was given thymol in doses not exceeding four grammes; then another purge was given to remove the bodies of the parasite killed with the antiseptic. The purpose of the first purge was to clear the intestines of mucus, etc., so as to allow the thymol to act. The thymol and purge treatment was continued once a week until the feces showed no more *uncinaria*.

While thymol kills the parasite and the purges remove them from the intestines, also diminishing the amount of toxins in the system, these remedies only clear the field for a reconstructive process in the blood which is needful to restore the extremely anæmic patient to health.

Iron was given in the severe cases of anæmia. *Pepto-Mangan (Gude)* was the only proprietary remedy reported by the Commission, the other remedies used being pharmacopœial preparations. That over eighteen pages of the report should be devoted to cases treated with Pepto-Mangan, proves the high regard in which the Commission held this preparation, and establishes the unrivaled clinical value of Pepto-Mangan (Gude) in one of the severest forms of anæmia—that of *uncinariasis*, or miner's anæmia.

In reading the Report of the Commission, the unbiased character of the work stands out clearly, and yet the results obtained point so distinctly to the supremacy of Pepto-Mangan (Gude), that even if numerous other records were not available, proving the therapeutic value of this remedy, this report alone would suffice to establish Pepto-Mangan at once as the foremost hæmatinic known. The eighteen cases in which the Commission used Pepto-Mangan (Gude) in the treatment of *uncinariasis*, were selected on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected. The results obtained with this treatment were extremely gratifying. In nearly all of the cases we find such notes as these: "Excellent condition. Completely cured, etc.;" while the difference between the low count of the red cells and the low percentage of hæmoglobin (some cases showing only 11%) at the beginning of treatment with Pepto-Mangan, and the nearly normal findings at the conclusion, affords convincing proof of the efficacy of the medication.

A noteworthy fact is that none of the patients showed any digestive disturbance after the administration of Pepto-Mangan, although the remedy was used for many weeks in each case. When we remember the extremely low state in which most of these patients were found on admission, and the fact that several suffered from gastro-intestinal symptoms incident to their disease, this detail is by no means to be underestimated.

The observations of the Commission were made under government control, and therefore the Report may be regarded as a supreme test, and the efficacy of Pepto-Mangan in one of the most severe forms of anæmia is proved beyond a doubt.

Some Facts About Sanmetto.

Sanmetto is a combination of the virtues of santal and saw palmetto in a pleasant menstrum of aromatics. In your practice you will find many diseases and diseased conditions in which Sanmetto will be indicated. I will name some of these diseases, and you have only to prescribe this remedy. Be careful as to diet and exercise as you would in prescribing any other remedy, and you will soon find it the best friend you ever had. Cystitis, both acute and chronic; enlarged prostate, with its usual irritation of neck of bladder and sensitive urethra; urethritis both specific and non-specific; impotence, either due to excess or premature decay; and simple irritation of any part of the genito-urinary tract. It is also a great aid in treating many diseases of the pelvic organs in the female. Also seminal emissions and prostatorrhea, hematuria and enuresis are well treated with this remedy, except where surgical interference is necessary.

C. W. CANAN, M. D.

Orkney Springs, Va.

For tamponing Kennedy's Dark Pinus Canadensis is preferred by many.

Latent rheumatic conditions are now more prevalent on account of an exceedingly cold and damp spring, causing many recurrent cases of rheumatism, neuralgia, and grippe, for which Tongaline Liquid is the standard prescription.

Tongaline and Lithia Tablets are particularly indicated in diseases which are caused by deposits of urates in the tissues, especially in the joints and in the kidneys.

Tongaline and Lithia Tablets can be prescribed with the greatest benefit for many people who indulge in generous or intemperate habits of living, as this combination will promptly and thoroughly eliminate any excess of uric acid in the system.

An unusually cold and damp spring is always conducive to the development of much malaria for which Tongaline and Quinine Tablets are almost a specific, Quinine for the fever, Tongaline for eliminating the poisonous secretions.

CARBUNCLES.

Creel has relied on Ecthol given internally, in doses of a teaspoonful, in cases of carbuncles, flaxseed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of Ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Journal of The American Medical Association.*

A trial is all that is necessary to prove the merits of Aletris Cordial Rio in every form of uterine trouble.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Disorders of Metabolism and Nutrition. Part VI. Drink Restriction—By Dr. Carl von Noorden. E. B. Treat & Co., New York. Price, 75 cents.

This little monograph is devoted to the consideration of Thirst-Cures, especially in obesity. The author has made many careful observations and experiments and reaches the conclusion that with the restriction of fluid the work of the stomach and the circulatory apparatus is discussed; the fluids of the body become more concentrated, the body weight decreased, and the appetite reduced.

It is of equal value with its predecessors in the series, and should be read with interest.

Health and Disease in Relation to Marriage and the Married State.—Edited by Prof. Dr. H. Senator and Dr. med. S. Kermmer. Translated into English by J. Dulberg, M. D. Vol. II., price, both volumes, cloth 8vo., half leather, \$10.00. Rebman & Co., Publishers, New York.

Some months ago we had the pleasure of reviewing the first volume of this work in these columns and we are now equally pleased to announce the advent of volume two. As stated be-

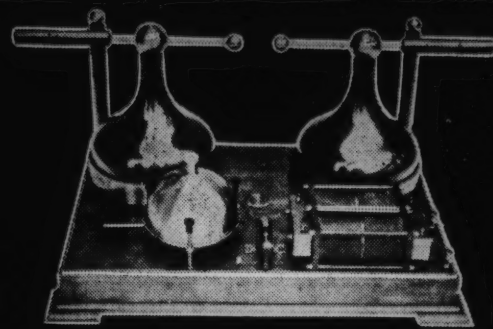
fore, the object of this work is to consider the influences brought to bear upon marriage from every possible standpoint. Diseased conditions of the parents are considered not only in relation to the welfare of the offspring of the marriage, but also the influence of married life on such conditions in the parents themselves. Vol. two is divided into fourteen chapters. Gonorrhœa; Syphilis; Diseases of Skin; Diseases of Locomotion; Diseases of the Eye; Diseases of the Lower Uro-Genital Organs; Diseases of Women; Diseases of the Nervous System; Insanity; Sexual Perversion; Alcoholism and Morphine; Occupational Injuries; Medico-Professional Secrecy; and Economic Importance of Sanitary Conditions.

As will be remembered, Vol. one dealt with general causes and diseases mainly.

We certainly now have a very complete literature on the subject, and we advise all who realize the economic importance of marriage and who sincerely desire to add to the sum of human comfort and happiness to become familiar

with this very remarkable work. It will assist you in solving many of your patient's problems.

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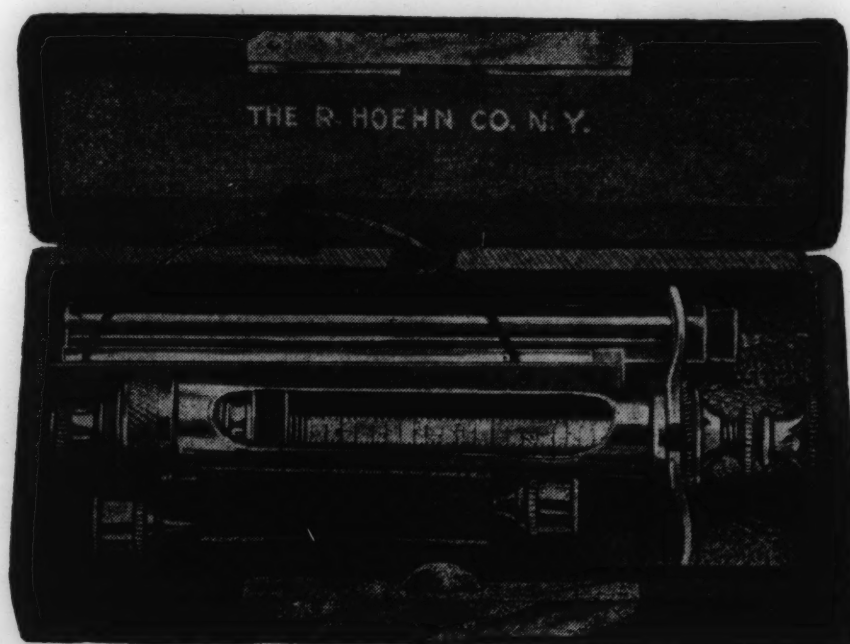
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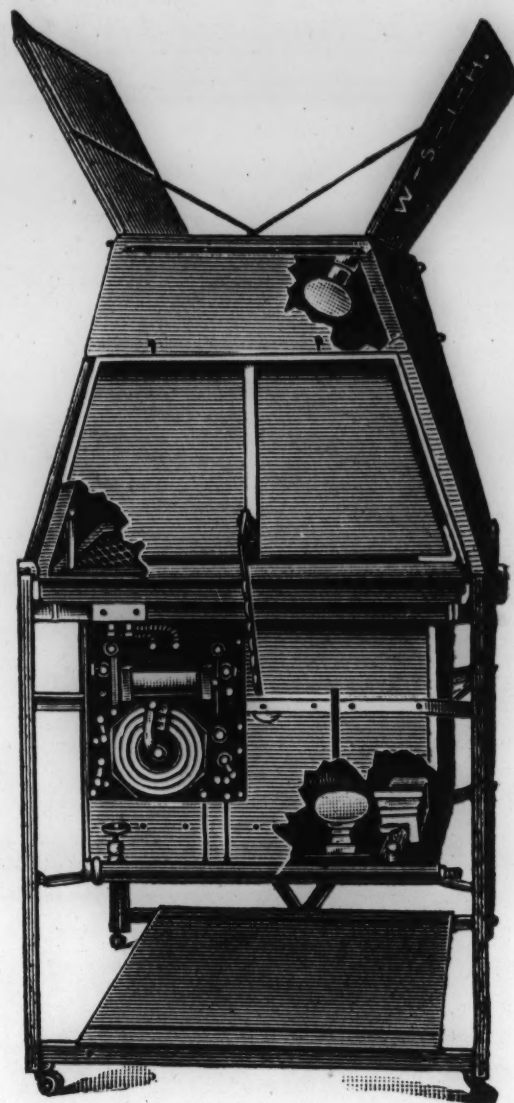
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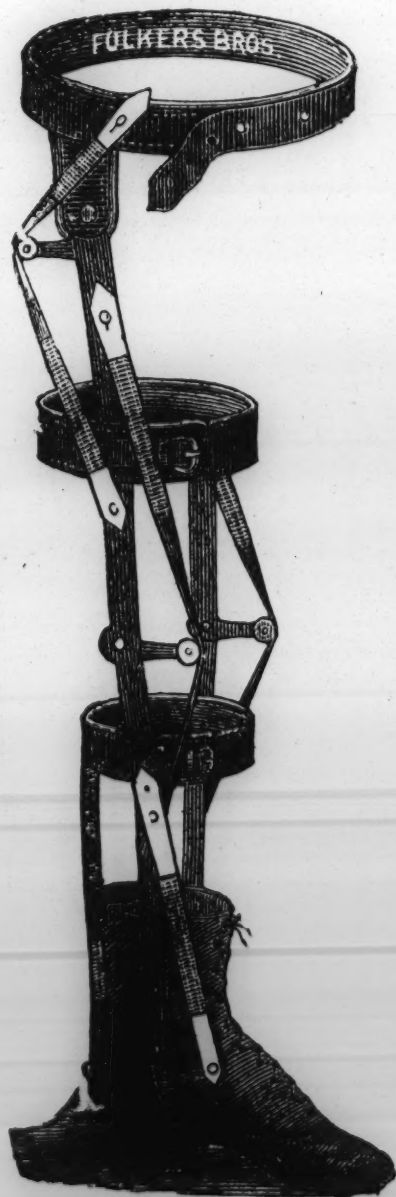
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For some affections of the throat, Collinsonia is certainly a specific. It is such in so-called "minister's sore throat," or the laryngitis due to an over use of the speech organs. It is also efficient in chronic laryngitis, with change of voice, and in chronic bronchitis, when there is *irritation, congestion, and sense of constriction*. When these symptoms are present, Collinsonia has no superior as a remedy in certain forms of relaxed uvula, in pharyngitis, in hoarseness, in croup, and in whooping cough, as well as in ordinary cough of nervous origin. For these various uses it is administered in fair sized doses, as

R. Specific Collinsonia, - - - - - f $\frac{3}{4}$ j.
Simple syrup, - - - - - q. s. ad f $\frac{3}{4}$ iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation, constriction, congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotten in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these *liges*. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal.*

¶ The above editorial concerns one of the most important Eclectic remedies. It is the subject of our sixteen-page descriptive Drug Study No. VII, which will be mailed free on application.—*Lloyd Brothers, Cincinnati, Ohio.*

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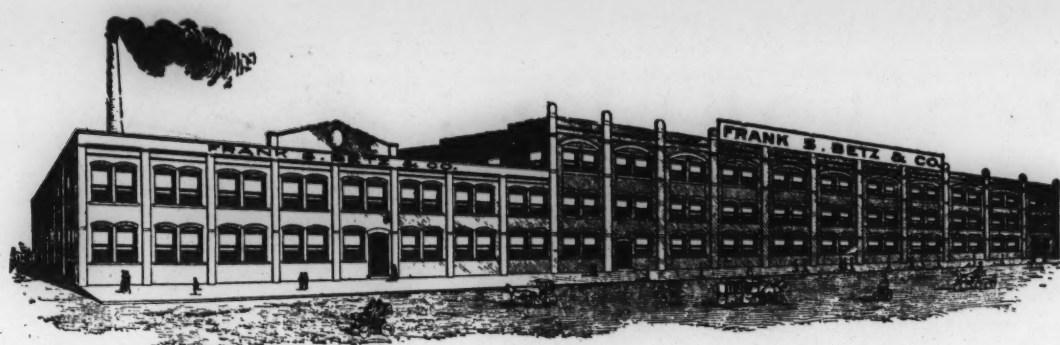
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